

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18385

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. LENGTH OF STAY (In this place) 18 hours	c. CITY OR TOWN Spickard
d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Memorial Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Rt. #1, Myers Twp. 0400	

3. NAME OF DECEASED (Type or Print) LLOYD DANIEL McCULLEY		4. DATE OF DEATH (Month) (Day) (Year) Apr. 23, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 16, 1953
9. AGE (In years last birthday) 1 6 7		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXX	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXX		10b. KIND OF BUSINESS OR INDUSTRY XXXX	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Lloyd Berry McCulley		13b. MOTHER'S MAIDEN NAME Roberta Allen		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Lloyd B. McCulley, Spickard, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication, which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound Skull fracture 2 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8304 25		INTERVAL BETWEEN ONSET AND DEATH 2 hours	
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19a. DATE OF OPERATION April 23, 1955		19b. MAJOR FINDINGS OF OPERATION Compound Skull fracture operated		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE accident		21b. PLACE OF INJURY (e.g. in or about home, street, factory, office bldg., etc.) Home		21c. CITY, TOWN OR TOWNSHIP Trenton, Grundy Co. Mo.	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 23, 1953 11:45		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Mother ran over child with a car	
22. I hereby certify that I attended the deceased from April 23, 1955, to April 23, 1955, and that death occurred at 1:00 p.m., from the causes and on the date stated above.					

23a. SIGNATURE Oliver F. J. [Signature]		23b. ADDRESS Trenton Mo. April 23, 1955		23c. DATE SIGNED April 23, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 25, 1955		24c. NAME OF CEMETERY OR CREMATORY Berry Cemetery	
24d. LOCATION (City, town, or county) (State) Myers Twp., Grundy Co. Missouri					

DATE REC'D BY LOCAL REG. 4-25-55		REGISTRAR'S SIGNATURE He ne Jarvis		25. FUNERAL DIRECTOR'S SIGNATURE Donald [Signature]	
				ADDRESS Trenton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Ronald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.